

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4986

State File No.

593

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment). a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>17 Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		<u>999</u> <u>14</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Lutheran Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>11 S. Minnie</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ALBERT</u>		b. (Middle) <u>C.</u>		c. (Last) <u>KLUMP</u>	
4. DATE OF DEATH		(Month) <u>Feb.</u>		(Day) <u>7</u>		(Year) <u>1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>2/23/1884/1881</u>	
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>7</u>		IF UNDER 1 YEAR Hours <u>14</u> Min. <u>14</u>		11. BIRTHPLACE (State or foreign country) <u>Rock Island, Illinois</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tavern Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tavern</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			
13a. FATHER'S NAME <u>John Klump</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Hickey</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Retta Klump</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>		16. SOCIAL SECURITY NO. <u>487605-9165</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Retta Klump</u>		ADDRESS <u>Kansas City, Kans.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>encysted empyema, old</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>acute hemorrhagic pericarditis</u> <u>mesothelioma of pleura</u> DUE TO (c) <u>metastasis to</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>metastasis to lymph nodes (?)</u> <u>metastasis to lymph nodes (?)</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		1991		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>pathologist</u> to <u>pathologist</u> , 19 <u>1949</u> , that I last saw the deceased alive on <u>Feb 4</u> , 19 <u>1949</u> , and that death occurred on <u>Feb 7</u> , 19 <u>1949</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Jack H. Hill</u>		(Degree or title) <u>M. D. C. Trinity Lutheran Hosp.</u>		23b. ADDRESS <u>KCMO</u>		23c. DATE SIGNED <u>Feb 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/9/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-9-49</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gates Funeral Home</u>		ADDRESS <u>K. C. Kans.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Licensed Embalmer No. 4092

P. O. Address Trinidad, N.M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.